

**CITY OF CAMBRIDGE  
ASSESSING DEPARTMENT**

**NOTICE OF MAILING ADDRESS CHANGE**

Date:

Location of Property:

Condo Unit #

Date Purchased: (if new owner)

Former Owner:

New Owner:

Date moved:

New Street Address:

City:

State:

Zip Code:

Requested by:

Tel. No.: Home

Work

Signature: (owner or authorized agent)

Note: This form is not acceptable without signature.

Please return completed form to:   Assessing Department  
City of Cambridge  
795 Massachusetts Avenue  
Cambridge, MA 02139  
or fax to:           (617) 349-4357

**FOR OFFICE USE ONLY**

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Account No.: \_\_\_\_\_ Blk/Lot/Unit: \_\_\_\_\_

Taken by \_\_\_\_\_ Date \_\_\_\_\_

Processed by \_\_\_\_\_ Date \_\_\_\_\_